CFC Campaign No.

ATTENTION PAYROLL OFFICES: Only use this number to identify the local campaign.

OPM Form 1654 June 2005

- PAYROLL OFFICE

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL CIVILIAN FEDERAL ORGANIZATION UNIT/DIVISION AND PAYROLL OFFICE (optional payroll) UNIT/DIVISION AND PAYROLL						
WORK ADDRESS & ZIP CODE		WOR	K PHONE		SOCIAL SECU	SOCIAL SECURITY NUMBER		
CONTRIBUTION: Fill in the blant Write in the total of your annual of	k showing the amount of your par contribution in the space provided			FOUR DIGIT CHAR	TY CODE	ANNUAL AMOUNT		
ALLOTMENT SOURCE	AMOUNT	INTERVAL	ТО	TAL GIFT				
MILITARY PAYROLL		X 12 months	\$				_	
CIVILIAN PAYROLL		X 26 pay periods	\$		Ļ			
	Other \$ (cash/check payable to CFC)							
contributions made to the	provide goods or services in organizations via this pledge RECOGNITION OPT	DESIGNATEI appear on the above.	D GIFTS	6: To designate one or ovided, fill in the charity	more charities or or federation coo	federated groups that de(s) and dollar amounts		
Check ONE Box: h	PAYROLL DEDUCTION AUTHORIZATION  I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.							
				SIGNATURE _				_ DATE

USUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at:

## CFC Campaign No. PRINT NAME (LAST) FEDERAL ORGANIZATION UNIT/DIVISION AND PAYROLL OFFICE (optional) FIRST MIDDLE INITIAL ☐ CIVILIAN **WRITE FIRMLY** ☐ MILITARY WORK PHONE WORK ADDRESS & ZIP CODE CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. FOUR DIGIT CHARITY CODE Write in the total of your annual contribution in the space provided. ALLOTMENT SOURCE **AMOUNT** INTERVAL TOTAL GIFT POINT PEN & X 12 months MILITARY PAYROLL CIVILIAN PAYROLL X 26 pay periods Other \$. (cash/check payable to CFC) BALL CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card. RECOGNITION OPTIONS above USE Check ONE Box: If both boxes are checked, no information will be released. DO NOT release any information to charities. Release my name and the (optional) home address and or home e-mail contact information I provide below to all the charities I designated. If I do not provide home contact information. only my name will be released.

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ANNUAL AMOUNT

POINT

RECEIPT

CENTRAL

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2

DESIGNATED GIFTS: To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation code(s) and dollar amounts PAYROLL DEDUCTION AUTHORIZATION I hereby authorize any agency of the United States Government by which I may be employed during 2006 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires. SIGNATURE VOLUNTEER: I would like to be a workplace CFC volunteer next year. Please contact me for more information at: OPM Form 1654 June 2005

				CFC Campaign No.			only use th campaign.	campaign.	
PRINT NAME (LAST)	FIRST		□ CIVILIAN	FEDERAL ORGANIZATION			UNIT/DIVISION	UNIT/DIVISION AND PAYROLL OFFICE (optional	
WORK ADDRESS & ZIP CODE	WORK PHO	ONE							
CONTRIBUTION: Fill in the blank s Write in the total of your annual con	howing the amount of your tribution in the space provide	payroll allotment, cash or check	contribution.		FOL	IR DIGIT CH	ARITY CODE	ANNUAL AMOUNT	
ALLOTMENT SOURCE	AMOUNT	INTERVAL	TO	OTAL GIFT				_	
MILITARY PAYROLL		X 12 months	\$				_		
CIVILIAN PAYROLL		X 26 pay periods	\$						
Other \$		(cash/check payab	le to CFC)		<u> </u>				
CFC Organizations do not procontributions made to the organizations	ganizations via this pled RECOGNITION OI	dge card. PTIONS		DESIGNATED GII appear on the list above.	FTS: To de provided,	esignate one	or more charities or arity or federation co	r federated groups that de(s) and dollar amounts	
Check ONE Box: If b  DO NOT release any inform  Release my name and the l provide below to all the chonly my name will be releated.	PAYROLL DEDUCTION AUTHORIZATION  I hereby authorize any agency of the United States Government by which I may be employed during 2006 deduct the amount(s) shown above from my pay each pay period during the calendar year 2006 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that the authorization may be revoked by me in writing at any time before it expires.								
				SIGNATURE				DATE	

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COPY #3 CONTRIBUTOR TO KEEP THIS COPY FOR PERSONAL TAX RECORDS

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## Privacy Act Notice

information related to such activities. activities and to establish procedures for collecting of Personnel Management to conduct fund raising Executive Order No. 12353 authorizes the U.S. Office

your payroll office. maintaining the accounting of contributions and to collected information will be disclosed to organizations the use of the Social Security Number (SSN). This Executive Order 9397 (November 22, 1943) authorizes

state and local taxing authorities regarding income tax court or another agency when the government is party of Treasury to make proper financial adjustments to a Additional disclosure may be made to the Department suit; and ţ the Internal Revenue Service and

deduction by your agency. any of the requested information may result in errors requested, is voluntary. However, noncompliance furnishing of the SSN, along with other data with your request for a payroll failure to furnish

payment, you are not required to furnish your SSN. therefore, you are making a one-time, not using the payroll deduction method of lump-sum gift and,